

Electric Account Number _____

Last Name, First Name, Int.

CUSTOMER PHYSICIAN CERTIFICATION

THE INFORMATION PROVIDED BELOW IS TO ASSIST NLRED IN NECESSITATING DELAY IN DISCONTINUATION OF ELECTRIC SERVICE. IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION BELOW OR THAT PERTAINS TO THIS CUSTOMER'S ACCOUNT PLEASE CALL: (501) 372-0100 EXT. 732

CUSTOMER/PATIENT INFORMATION: (PLEASE PRINT)

Last Name First Name Int.

RELATIONSHIP:

☐ Self

☐ Spouse

☐ Child

Other _____

Present Address

City State Zip Code (501) Phone Number

Emergency Contact Person (501) Phone Number

MEDICAL INFORMATION: Medical Condition(s) _____

	YES	NO
DOES THE CUSTOMER HAVE A BACK-UP SYSTEM? FOR HOW LONG? _____	<input type="checkbox"/>	<input type="checkbox"/>
CAN THE PERSON RELOCATE IN CASE OF PROLONGED POWER OUTAGE? _____	<input type="checkbox"/>	<input type="checkbox"/>
THE CHARACTERISTIC(S) OF THE EXISTING MEDICAL CONDITION IS/ARE: _____		

THE CONSEQUENCE(S) OF DISCONTINUING ELECTRIC SERVICE WHILE SUCH MEDICAL CONDITION IS IN EXISTENCE IS/ARE: _____

THE MEDICAL CONDITION IS EXPECTED TO CONTINUE FOR A PERIOD OF: _____

PHYSICIAN INFORMATION: I am licensed to practice medicine by the Arkansas State Medical Board or a comparable licensing authority in the state of _____.

Physician's Name (501) Phone Number

Address City State Zip Code

I do hereby CERTIFY this PATIENT'S CONDITION is a MEDICAL EMERGENCY WITH LIFE THREATENING CONSEQUENCES. If the electricity service is discontinued THE PATIENT WILL BE PUT IN A LIFE THREATENING SITUATION WITHOUT ELECTRICITY.

Physician's Signature Date

FOR NLRED USE ONLY

Physician's Verification: _____
Contact Persons Name Date Renewal Date